								Application or Docket Number					
l	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 69895450												
								69895450					
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
(Column 1) (Column 2)										OR	SMALL	ENTITY	
			36				RA	ΤE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUM	NUMBER EXTRA		BASIC FEE 355.00		OR	Basic Fee	710.00	
Ľ	OTAL CHARGE	3 Pominus 20=		· /6	,	XS	X\$ 9=		OR	X\$18=	788		
N.	DEPENDENT (CLAIMS	ت minus 3 ع		<u>ં ૩</u>	X44) 		OR	X80-	242	
Ľ	ULTIPLE DEPE	NDENT CLAIM F	RESENT				+135=		OR	+270=	9.7		
* If the difference in column 1 is loss than zero enter W in cohome 2									1238				
)/, /o CLAIMS AS AMENDED - PART II OTHER THAN													
(Column 1) (Column 2) (Column 3)									ENTITY	OR	SMALL		
⋖	246	CLAIMS REMAINING		HOM		PRESENT			ADDI-	1		ADDI-	
뭂	1.0	AFTER		PREVIO		EXTRA	RATE		TIONAL		RATE	TIONAL FEE	
MENDMENT	Total	. 24	Minus	-3	6	- /	XS) =		ÔR	X\$18=	9	
	Independent	. 4	Minus	6	,	• /	X40	Щ	7	OR	X80-		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_	/-	Un.			
+1350 (OR 4270=													
ADDIT, FEE OR ADDIT, FEE													
_	(Column 1) 7-5-05 (Column 2) (Column 3)												
9	666	REMAINING		NUME		PRESENT	047	RATE	ADDI- TIONAL	.] [RATE	ADDI-	
NDMEN	3	AFTER AMENOMENT		PREVIO PAID I		EXTRA	- AAI		FEE			TIONAL	
	Total	. 24	Minus	. 3	6	٩	X\$ S	•		OR	X\$18=		
AME	Independent	· 4	Minus	•••	6		X40	-		OR	XX80==	•	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=		
								W.		\\ 	TOTAL		
- س	44-0b	ADDIT. I	ŧEL		··· ,	NOOT. FEEL							
	91.	(Column 1)	3.00	(Colum Highli	\$1	(Column 3)			4001	f		4001	
S F		REMAINING AFTER			USLY	PRESENT EXTRA	RATI	:	ADDI- TIONAL		RATE	ADDI- TIONAL	
3		AMENDMENT	7.0	PAID F	OR		 	4	FEE			FEE	
AMENDMEN	Total	. 44	Mirsus	• 2	4		X\$ 9	:]		OR	X\$18=		
Ī	Independent	• 4	Minus	••• 4		3	X40-			OR	X80=		
Ш	FIRST PRESE	NTATION OF MI	LIPLE DEF	- INGOVE	CLAIM			十					
• H	the entry in colu	Tig less than th	entry in cohe	m 2 wite 1	or in con	m 1.	+135			DR	+270=		
- [the Highest No	mber Previously Pa mber Previously Pa	id For IN THU	S SPACE IS	lees than	20. enter 70."	ADOIT. F			OR A	YOYAL DOIT, FEE		
ī	he Highest Num	ther Previously Paid	For (Total or	Independen		highest number	lound by the	stib.	scod estelhop	in callu	::::::::::::::::::::::::::::::::::::::		
	The Righest Number Previously Poid For (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-475